Case 15-25616 Doc 46 Filed 08/29/16 Entered 08/29/16 15:03:02 Desc Main Document Page 1 of 7

UNITED STATES BANKRUPTCY COURT DISTRICT OF UTAH

In re	: Carrie Lynn Lindberg		
		Case No.	15-25616
		Chapter	13
	Debtor(s).	Trustee:	
DI		ENT DECLA	RATION
Pleas	e circle or underline amended material when appropriate. PETITION REOPENING: Yes No		EDSION(12 to 7) Vos No
1.	When changing debtor's address, please file separate		
	When amending, please submit the changes/addition		address form.
2.	SCHEDITIES: A B C Y D	E	E C H I X I X
۷.	SCHEDULES: A B C X D Are you changing the address, amounts, etc., or adding	a creditor?	
	Changing Adding (\$30.00 a		ee required for D, E, & F; OR IFP Waiver)
3.	AMENDED AMOUNTS/TOTALS OF SCHEDULES:		
4.	STATEMENT OF AFFAIRS:	-	
5.	AMENDED CHAPTER 13 PLAN:		
If vo	ou have amended schedules D, E, F by adding a creditor,	vou owe \$30	00 amendment fee. Fee attached
	hedules D, E, F were amended but no creditors added or	adding a liste	d creditor's attorney, no fee necessary.
	ee attached		
Kea	son no fee is attached		
It is	the debtor's responsibility to notify additional creditor	rs by sending	g a 341 notice and/or Discharge Order to the creditors
	d to the schedules/matrix.	is by semanig	, a c 11 notice and of Discharge Order to the creations
	rtificate of mailing to creditors should be filed with the Cl	lerk's office (s	see below).
I de	clare under penalty of perjury that the information provide	ed in this atta	ched amendment is true and correct.
	carrie Lynn Lindberg November 12, 2015 rie Lynn Lindberg Date		
Deb	•		
DCO			
	Trustee's Office and Trustee in the case supplied copies	of amendmen	tt(s)? Yes X No_
	tyan E. Simpson n E. Simpson 11300		
_	-		
AII	TORNEY FOR DEBTOR(S)		
	CERTIFIC	ATE OF S	SERVICE
I her			estage prepaid, to creditors of this estate as follows (please
	the appropriate lines(s):	us manea, po	programme, to treations of any country as follows (prouse
	341 Notice to creditors ac	dded by this a	amendment.
	Discharge Notice to credit		
	Amended Chapter 13 Plan		
Nov	ember 12, 2015	/s/ Rv	ran E. Simpson
DA			E. Simpson 11300
		-	DRNEY FOR DEBTOR(S)

Case 15-25616 Doc 46 Filed 08/29/16 Entered 08/29/16 15:03:02 Desc Main Document Page 2 of 7

B6C (Official Form 6C) (4/13)

In re	Carrie Lynn Lindberg	,	Case No	15-25616	

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT - AMENDED

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceeds
(Check one box)	\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafted
☐ 11 U.S.C. §522(b)(2)	with respect to cases commenced on or after the date of adjustment.)
■ 11 U.S.C. §522(b)(3)	

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Household Goods and Furnishings Washer & Dryer	Mont. Code Ann. § 25-13-609(1)	200.00	200.00
Washer a Dryer	mont. Gode Am. § 25 15 505(1)	200.00	200.00
Beds & Beding	Mont. Code Ann. § 25-13-609(1)	100.00	100.00
Dining Set	Mont. Code Ann. § 25-13-609(1)	50.00	50.00
Dressers, Couches & Chairs, Coffee Table, End Tables, Lamps, TV, Computer, Kitchenware, Household tools	Mont. Code Ann. § 25-13-609(1)	730.00	730.00
Wearing Apparel Clothing	Mont. Code Ann. § 25-13-609(1)	100.00	100.00
Furs and Jewelry Other Watches & jewelry	Mont. Code Ann. § 25-13-609(1)	50.00	50.00
Interests in Insurance Policies Through Work Term	Mont. Code Ann. § 33-15-511	0.00	Unknown
Interests in IRA, ERISA, Keogh, or Other Pension of 401K	or Profit Sharing Plans Mont. Code Ann. § 25-13-608(1)(e)	6,000.00	6,000.00
Automobiles, Trucks, Trailers, and Other Vehicles 2012 Toyota Corolla Mileage: 39,000 (1/2 interest with sister, debtor is only on the registration. Sister has a loan on this vehicle in the amount of \$11,256.92, debtor makes the payment of \$318.00 on it.)	Mont. Code Ann. § 25-13-609(2)	2,500.00	9,649.00

Total: 9,730.00 16,879.00

Case 15-25616 Doc 46 Filed 08/29/16 Entered 08/29/16 15:03:02 Desc Main Document Page 3 of 7

Sill	in this informat	ion to identify your ca	200:							
	otor 1									
	otor 2	Carrie Lynn	Linaberg			_				
	use, if filing)					-				
Uni	ted States Banl	kruptcy Court for the	: DISTRICT OF UTAH			_				
	_	15-25616					Check if this is	:		
(If kn	iown)						An amend	J		
									post-petition llowing date:	n chapter
<u>O</u> 1	fficial For	rm B 6I					MM / DD/	YYYY		
So	chedule	I: Your Inco	ome							12/13
	ch a separate s		r spouse is not filing wi On the top of any addition							
1.	Fill in your e	mployment		Debtor 1			Debtor	2 or non-fili	ing spouse	
If you have more than one job,		ore than one job,		■ Employed		☐ Emp	oyed			
	attach a separate page with information about additional		Employment status*	☐ Not employed			☐ Not €	mployed		
employers.		Occupation	Therapist							
	Include part-ti self-employed	ime, seasonal, or d work.	Employer's name	Redrock Canyon	Schoo	ol				
	Occupation m or homemake	nay include student er, if it applies.	Employer's address	747 E St George Saint George, UT		0				
			How long employed th		hment	for Ad	ditional Emplo	yment Infor	rmation	
Par	t 2: Give	Details About Mon	thly Income							
	mate monthly use unless you		ate you file this form. If	you have nothing to re	port for	any lin	ne, write \$0 in th	e space. Inc	lude your no	n-filing
		ling spouse have mo a separate sheet to	ore than one employer, co	ombine the information	for all	employ	ers for that pers	on on the lir	nes below. If	you need
						F	or Debtor 1	For Deb	tor 2 or ig spouse	
2.			ry, and commissions (be calculate what the monthl		2.	\$	3,999.99	\$	N/A	
3.	Estimate and	l list monthly overti	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gro	oss Income. Add lir	ne 2 + line 3.		4.	\$	3,999.99	\$	N/A	

Official Form B 6I Schedule I: Your Income page 1

Copy line 4 here 4, \$ 3,995.99 SN/A 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Social Security deductions 5c. Social Security deductions 5c. Social Security deductions 5c. Social Social Security Social Security deductions 5c. Social Security Social Security deductions 5c. Social Security So	Debt	or 1	Carrie Lynn Lindberg	-	Case	number (if known)	15-25616	;	
Copy line 4 here List all payroll deductions: 56. Tax, Medicare, and Social Security deductions 56. Mandatory contributions for retirement plans 56. Mandatory contributions for retirement plans 57. Social Security deductions of retirement plans 58. Tax, Medicare, and Social Security deductions 58. Tax, Medicare, and Social Security deductions 59. Mandatory contributions for retirement plans 50. Social Security Se					For	Debtor 1			
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for feathers 5c. Voluntary contributions for feathers 5c. Voluntary contributions for feathers 5c. Voluntary contributions 5c. Voluntary cont		Сор	y line 4 here	4.	\$	3,999,99			
5a. Tax, Medicare, and Social Security deductions 5a. \$ 941.84 \$ N/A 5b. Mandatory contributions for retirement plans 5b. \$ 0.000 \$ N/A 5c. Voluntary contributions for retirement plans 5c. \$ 0.000 \$ N/A 5c. Insurance	5	·			_		` <u></u>		<u>-</u>
55. Mandatory contributions for retirement plans 56. Voluntary contributions for retirement plans 56. Voluntary contributions for retirement plans 56. Required repayments of retirement fund loans 56. Incurrence 56. Solution Solutions 57. Domestic support obligations 58. Incurrence 59. Viva Solution Specify: Fees 59. Viva Solution Specify: Spe	0.		• •	5a	\$	9/1 8/	\$	N/A	
Sc. Voluntary contributions for retirement plans Sc. S. 0.00 \$ N/A			· · · · · · · · · · · · · · · · · · ·		· -				=
5d. \$ 0.00 \$ N/A 5e. Insurance 5e. Insurance 5f. Domestic support obligations 5f. Domestic support obligations 5f. S 0.00 \$ N/A 5g. Union dues 5f. Domestic support obligations 5f. S 0.00 \$ N/A 5f. Order deductions. Specify: Fees 5fh. * \$ 15.01 \$ N/A 5fl. Other deductions. Specify: Fees 5fl. * \$ 1.00 \$ N/A 5fl. Other deductions. Add lines 5a+5b+5c+5d+5e+5fl+5g+5h. 6. \$ 1.075.45 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2.924.54 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive linclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as Good stamps (benefits under the Supplemential Nutrition Assistance Program) or housing subsidies. Specify: 8f. S 0.00 \$ N/A 8h. Other monthly income. Specify: 8f. S 0.00 \$ N/A 9f. Other monthly income. Specify: 8f. S 0.00 \$ N/A 9f. Other monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-mounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your hous							· · · · · · · · · · · · · · · · · · ·		=
5e. Insurance 5f. Domestic support obligations 5f. Domestic support obligations 5f. Domestic support obligations 5f. Other deductions. Specify: Fees 5f. So. Oo0 \$ N/A 5f. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. Calculate total monthly income pay. Subtract line 6 from line 4. 7. Calculate total monthly income pay. Subtract line 6 from line 4. 7. Calculate total monthly income pay. Subtract line 6 from line 4. 8a. National for farm. Attach a statement for each property and from operating a business, Nordession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. So. Oo0 \$ N/A 8c. Social Security 8c. Social Sec			·		· · —		·		=
5f. Domestic support obligations 5g. \$0.00 \$ N/A 5g. Union dues 5g. \$0.00 \$ N/A 5h. Other deductions. Specify: Fees 5h. Other deductions. Specify: Fees 5h. The payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$1,075.45 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$2,324.54 \$ N/A 8. List all other income regularly received: 8. List all other income regularly received: 8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive linclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Soloal Security 8c.			• • • •				-		-
5g. Union dues 5h. Other deductions. Specify: Fees 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5e+5h. 6. \$1,075,45 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$2,924,54 \$ N/A 8a. Net income regularly received: 8a. Net income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0,00 \$ N/A 8d. \$0,00 \$ N/A		5f.	Domestic support obligations	5f.	\$		\$		=
5h. Other deductions. Specify: Fees 5h. + \$ 15.01 + \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,075.45 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,924.54 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly income. 8b. Interest and dividends 8a. \$ 0.00 \$ N/A 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 11. State all other incomine. Add lines 7 + line 9. 10. \$ 2,924.54 \$ N/A = \$ 2,924.54 12. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. \$ 2,924.54 \$ N/A = \$ 2,924.54 13. Do you expect an increase or decrease within the year after you file this form?		5g.	•••	5g.	\$	0.00	\$	N/A	=
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. + \$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data,		5h.	Other deductions. Specify: Fees		- \$		+ \$		=
8. List all other income regularly received: 8a. Not income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Social Security 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 2 2,924.54 Combined monthly income. 12 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,075.45	\$	N/A	=
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. Social Security 8e. Social Security 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. \$ 2,924.54 13. Do you expect an increase or decrease within the year after you file this form? 14. Combined monthly income. 15. Do you expect an increase or decrease within the year after you file this form?	7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,924.54	\$	N/A	_
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,924.54 Combined monthly income	8.	8a. 8b. 8c. 8d. 8e. 8f.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8b. 8c. 8d. 8e.	\$\$ \$\$	0.00 0.00 0.00 0.00	\$ \$ \$ \$	N/A N/A N/A N/A	- - -
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No.		8h.	Other monthly income. Specify:	_ 8h.⊣	- \$ <u> </u>	0.00	+ \$	N/A	-
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income No.	9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	
 State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,924.54 Combined monthly income No. 	10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$		2,924.54 + \$	N/	'A = \$	2,924.54
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies 13. Do you expect an increase or decrease within the year after you file this form? No.		Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income No.	11.	Incluothe Do r	ude contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not	deper		•	ted in Sche		0.00
13. Do you expect an increase or decrease within the year after you file this form? No. monthly income	12.	Writ	e that amount on the Summary of Schedules and Statistical Summary of Certa				ta. if it		
	13.	_		?					
				2015					

Case 15-25616 Doc 46 Filed 08/29/16 Entered 08/29/16 15:03:02 Desc Main Document Page 5 of 7

Debtor 1	Carrie Lynn Lindberg	Case number (if known)	15-25616
----------	----------------------	------------------------	----------

Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation		
Name of Employer	Headway	
How long employed	2 months	
Address of Employer		
Debtor		

Debtor		
Occupation		
Name of Employer	New Life Recovery	
How long employed	7 months	
Address of Employer		

Official Form B 6I Schedule I: Your Income page 3

=111	in this informa	tion to identify yo	our case:					
Deb	tor 1	Carrie Lynn	Lindberg			Ch	eck if this is:	
							An amended filing	
	tor 2 buse, if filing)							wing post-petition chapter fithe following date:
(Spc	ouse, ii iiiirig)						13 expenses as or	the following date.
Unite	ed States Bankro	uptcy Court for the:	DISTRI	CT OF UTAH			MM / DD / YYYY	
Case	e number 15	5-25616					A separate filing for	or Debtor 2 because Debtor
(If kr	nown)						2 maintains a sepa	arate household
Of	fficial Fo	rm R 6 I						
		J: Your	_ Exper	ises				12/13
				. If two married people a	re filing together, bo	th are e	qually responsible	for supplying correct
info	rmation. If m	ore space is ne	eded, atta	ch another sheet to this				
nun	nber (it know	n). Answer eve	y questio	n.				
Par		ibe Your House	hold					
1.	Is this a join	nt case?						
	No. Go to							
			in a separ	ate household?				
	□ No	-						
	ШYe	es. Debtor 2 mus	st file a sep	parate Schedule J.				
2.	Do you have	e dependents?	■ No					
	Do not list Do		☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents'	names.						☐ Yes
								□ No
								☐ Yes
								□ No □ Yes
							-	□ Yes
								□ Yes
3.		enses include		No				00
		f people other t	han $_{oldsymbol{\sqcap}}$	Yes				
	yoursen and	d your depende	III.S f					
		ate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				napter 13 case to report of the form and fill in the
• •								
				government assistance i cluded it on <i>Schedule I:</i> \				
	ficial Form 61.		u nave m	ciuded it on Scriedule I.	rour income		Your exp	enses
•		•						
4.		or home owners and any rent for th		ses for your residence. I or lot.	nclude first mortgage		\$	725.00
	, ,	led in line 4:	3					
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter	's insurance		4b.	· -	0.00
	4c. Home	maintenance, re	epair, and ι	upkeep expenses		4c.		25.00
		owner's associa				4d.	·	0.00
5.	Additional n	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	\$	0.00

66 66 7. F. S. C. C. S. C.	Water, sewer, garbage collectionTelephone, cell phone, Internet, satellite, and cable services	6a. 6b. 6c. 6d. 7. 8. 9. 10.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	185.00 40.00 150.00 40.00 350.00 0.00 75.00
66 66 7. F. S. C. C. S. C.	a. Electricity, heat, natural gas b. Water, sewer, garbage collection c. Telephone, cell phone, Internet, satellite, and cable services d. Other. Specify: Internet bod and housekeeping supplies hildcare and children's education costs lothing, laundry, and dry cleaning ersonal care products and services edical and dental expenses ransportation. Include gas, maintenance, bus or train fare. to not include car payments.	6b. 6c. 6d. 7. 8. 9.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	40.00 150.00 40.00 350.00 0.00
66 66 66 66 67 F. F. C. C. S. C. S. C. S. C. C. S.	D. Water, sewer, garbage collection D. Telephone, cell phone, Internet, satellite, and cable services D. Other. Specify: Internet D. Other. Sp	6b. 6c. 6d. 7. 8. 9.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	40.00 150.00 40.00 350.00 0.00
66. 7. F. F. F. C.	c. Telephone, cell phone, Internet, satellite, and cable services d. Other. Specify: Internet cod and housekeeping supplies hildcare and children's education costs lothing, laundry, and dry cleaning ersonal care products and services edical and dental expenses ransportation. Include gas, maintenance, bus or train fare. co not include car payments.	6d. 7. 8. 9.	\$ \$ \$ \$ \$	150.00 40.00 350.00 0.00
66. 7. F. F. F. C.	d. Other. Specify: Internet bood and housekeeping supplies hildcare and children's education costs lothing, laundry, and dry cleaning ersonal care products and services edical and dental expenses ransportation. Include gas, maintenance, bus or train fare. to not include car payments.	6d. 7. 8. 9.	\$ \$ \$ \$ \$	40.00 350.00 0.00
8. C 9. C 10. P 11. M 12. T D 13. E 15. In 1	bood and housekeeping supplies hildcare and children's education costs lothing, laundry, and dry cleaning ersonal care products and services edical and dental expenses ransportation. Include gas, maintenance, bus or train fare. o not include car payments.	8. 9. 10.	\$ \$ \$	350.00 0.00
8. C 9. C 10. P 11. M 12. T D 13. E 15. In 1	hildcare and children's education costs lothing, laundry, and dry cleaning ersonal care products and services edical and dental expenses ransportation. Include gas, maintenance, bus or train fare. o not include car payments.	8. 9. 10.	\$ \$ \$	0.00
9. C P 10. P 11. M 12. T D 13. E 15. In 15.	lothing, laundry, and dry cleaning ersonal care products and services edical and dental expenses ransportation. Include gas, maintenance, bus or train fare. o not include car payments.	9. 10.	\$	
10. P 11. M 12. T D 13. E 14. C 15. In 15. In 16. T S 17. In 17. In 17. In 18. In 19.	ersonal care products and services edical and dental expenses ransportation. Include gas, maintenance, bus or train fare. o not include car payments.	10.	\$	
11. M 12. T 13. E 14. C 15. In 15. In 15. In 15. In 17. In 17. In 17. In 17. In 18. In 19. In	edical and dental expenses ransportation. Include gas, maintenance, bus or train fare. o not include car payments.	11.		36.00
12. T D 13. E 14. C 15. In 19 19 19 10. T 19 10. T 19 11 11 11 11 11 11 11 11 11 11 11 11	ransportation. Include gas, maintenance, bus or train fare. o not include car payments.		3	200.00
13. E 14. C 15. In 15. In 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	o not include car payments.		·	
14. C 15. In D 18 18 18 16. T S 17. In	ntertainment, clubs, recreation, newspapers, magazines, and books	12.	\$	250.00
15. In D 15 15 15 15 16. Ta S 17. In 17	, , , , , , , , , , , , , , , , , , ,	13.	\$	100.00
D 19 19 19 16. T 3 16. T 3 17. I n	haritable contributions and religious donations	14.	\$	0.00
19 19 19 16. T 3 5 17. I n	surance.			
15 15 16. T 3 5 17. I n	o not include insurance deducted from your pay or included in lines 4 or 20.		_	
15 16. T 3 S 17. I n	5a. Life insurance	15a.	· -	0.00
15. Ta S 17. In	5b. Health insurance	15b.	·	0.00
16. T 6 S 17. In	5c. Vehicle insurance	15c.		180.00
S 17. I n	5d. Other insurance. Specify:	15d.	\$	0.00
1	axes. Do not include taxes deducted from your pay or included in lines 4 or 20. pecify:	16.	\$	0.00
	stallment or lease payments:		_	
1	7a. Car payments for Vehicle 1	17a.		318.00
	7b. Car payments for Vehicle 2	17b.		0.00
	7c. Other. Specify:	17c.	· —	0.00
	7d. Other. Specify:	17d.	\$	0.00
	our payments of alimony, maintenance, and support that you did not report as	18.	¢	0.00
10 O	educted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	10.		
	ther payments you make to support others who do not live with you.	10	\$	0.00
	pecify: ther real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i> e	19.	our Incomo	
	ther rear property expenses not included in lines 4 or 5 or this form of on <i>Sche</i> o Da. Mortgages on other property	20a.		0.00
	Db. Real estate taxes	20b.		0.00
	Dc. Property, homeowner's, or renter's insurance	20b.		0.00
	Od. Maintenance, repair, and upkeep expenses	20d.		0.00
	De. Homeowner's association or condominium dues	20d. 20e.		0.00
		206.	·	
21. U	ther: Specify:		+Φ	0.00
22. Y	our monthly expenses. Add lines 4 through 21.	22.	\$	2,674.00
T	ne result is your monthly expenses.			· · · · · · · · · · · · · · · · · · ·
23. C	alculate your monthly net income.			
23	Ba. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,924.54
2	Bb. Copy your monthly expenses from line 22 above.	23b.	-\$	2,674.00
2:	3c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	250.54
Fo	o you expect an increase or decrease in your expenses within the year after you or example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage?			se or decrease because of a